

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF SOUTH CAROLINA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

| | | |
|--|---|---|
| 1. Debtor's name | Chicora Life Center, LC | |
| 2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names | | |
| 3. Debtor's federal Employer Identification Number (EIN) | 46-4703180 | |
| 4. Debtor's address | Principal place of business 3600 Rivers Avenue North Charleston, SC 29405 Number, Street, City, State & ZIP Code Charleston County | Mailing address, if different from principal place of business 476 W. Heritage Park Boulevard Suite 200 Layton, UT 84041 P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business 3600 Rivers Avenue North Charleston, SC 29405 Number, Street, City, State & ZIP Code |
| 5. Debtor's website (URL) | www.chicoralifecenter.com | |
| 6. Type of debtor | <input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: | |

Debtor **Chicora Life Center, LC**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☒ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5311**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

| | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

| | | | |
|----------|-------|-----------------------|-------|
| Debtor | _____ | Relationship | _____ |
| District | _____ | When | _____ |
| | | Case number, if known | _____ |

Debtor **Chicora Life Center, LC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☒ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☒ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Chicora Life Center, LC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 16, 2016**
MM / DD / YYYY**X /s/ Jeremy K. Blackburn**

Signature of authorized representative of debtor

Jeremy K. Blackburn

Printed name

Title **Property Manager****18. Signature of attorney****X /s/ G. William McCarthy Jr.**

Signature of attorney for debtor

Date **May 16, 2016**

MM / DD / YYYY

G. William McCarthy Jr.

Printed name

McCarthy Law Firm, LLC

Firm name

P. O. Box 11332**Columbia, SC 29211-1332**

Number, Street, City, State & ZIP Code

Contact phone **803-771-8836**

Email address

2762

Bar number and State

Fill in this information to identify the case:

Debtor name **Chicora Life Center, LC**

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 16, 2016**

X /s/ Jeremy K. Blackburn

Signature of individual signing on behalf of debtor

Jeremy K. Blackburn

Printed name

Property Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Chicora Life Center, LC**
 United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|--|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| SCE&G PO Box 100255 Columbia, SC 29202-3255 | | Unpaid power bills/gas - 5 accounts | Disputed | | | \$73,301.10 |
| Otis Elevator Service PO Box 73579 Chicago, IL 60673-7579 | | Elevator repairs and service contract | Disputed | | | \$40,480.48 |
| US Hammerhead Construction 36 Broad Street Charleston, SC 29401 | | Unpaid construction bills/water pumping | | | | \$22,130.43 |
| Capital Premium Financing 12235 South 800 East Draper, UT 84020 | | Financed insurance premium | | | | \$11,555.80 |
| Gravina 49 Archdale Street, #2E Charleston, SC 29401 | | Unpaid PR firm bills | | | | \$4,000.00 |
| Charleston Water System PO Box 568 Charleston, SC 29402-0568 | | Unpaid water bill | | | | \$3,898.06 |
| Ambassador 2245-C Ashley Crossing Drive, #101 Charleston, SC 29414 | | Unpaid window cleaning bill | | | | \$2,040.00 |

Debtor **Chicora Life Center, LC**
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|---|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| AT&T PO Box 105262 Atlanta, GA 30348-5262 | | Unpaid bills for services | | | | \$1,818.01 |
| Travelers PO Box 660317 Dallas, TX 75266-0317 | | Unpaid insurance premium | | | | \$1,686.00 |
| Simplex-Grinnell 1141 Redmount Road Charleston, SC 29406-3550 | | Unpaid bill for services | | | | \$1,207.55 |
| Sailboat. Peace. LLC c/o Karl David PO Box 22611 Charleston, SC 29413 | | | | | | \$1,000.00 |
| North Charleston Sewer District PO Box 63009 North Charleston, SC 29419 | | | | | | \$345.80 |
| Federal Express PO Box 7221 Pasadena, CA 91109-7321 | | Unpaid account bill | | | | \$153.34 |

Fill in this information to identify the case:

Debtor name **Chicora Life Center, LC**

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

| | |
|---|-------------------------|
| 1a. Real property: Copy line 88 from <i>Schedule A/B</i> | \$ 42,000,000.00 |
| 1b. Total personal property: Copy line 91A from <i>Schedule A/B</i> | \$ 6,304,912.27 |
| 1c. Total of all property: Copy line 92 from <i>Schedule A/B</i> | \$ 48,304,912.27 |

Part 2: Summary of Liabilities

| | |
|--|-------------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> | \$ 21,916,090.57 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | |
| 3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> | \$ 5,110.15 |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> | +\$ 169,166.57 |
| 4. Total liabilities Lines 2 + 3a + 3b | \$ 22,090,367.29 |

Fill in this information to identify the case:Debtor name Chicora Life Center, LCUnited States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Bank of American ForkChecking2108\$16,038.213.2. Bank of American ForkChecking2090\$826.61**4. Other cash equivalents (Identify all)**4.1. Reserves held by UC Funds on Debtor's behalf\$340,607.84**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$357,472.66**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

Debtor Chicora Life Center, LC Case number (If known) _____
Name

8.1. **Waiting for insurance to calculate** **\$10,000.00**

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$10,000.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 363,450.72 - 0.00 = 363,450.72
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 612,232.66 - 0.00 = 612,232.66
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$975,683.38

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

39. **Office furniture**

Debtor Chicora Life Center, LC Case number (If known) _____
Name

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**
Misc. office equipment

\$3,791.67 N/A

\$1,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$1,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☐ No

☒ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.

☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. **3600 Rivers Avenue
North Charleston, SC
29405**

Owner

\$13,164,651.43

Appraisal

\$42,000,000.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$42,000,000.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☐ No

Debtor Chicora Life Center, LC Case number (If known) _____
Name

☒ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|--|--|---|------------------------------------|
| 60. | Patents, copyrights, trademarks, and trade secrets | | | |
| 61. | Internet domain names and websites <u>www.chicoralifecenter.com</u> | <u>\$0.00</u> | | <u>\$100.00</u> |

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$100.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No

☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No

☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

| | | Current value of debtor's interest |
|-----|--|------------------------------------|
| 71. | Notes receivable Description (include name of obligor) | |
| 72. | Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local) | |
| 73. | Interests in insurance policies or annuities | |
| 74. | Causes of action against third parties (whether or not a lawsuit has been filed) | |

Debtor Chicora Life Center, LC Case number (If known) _____
Name

See Exhibit A/B-74 attached hereto. **\$0.00**
Nature of claim _____
Amount requested \$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
Contingent receivable upon termination of lease from the County of Charleston. **\$4,960,656.23**
Nature of claim _____
Amount requested \$0.00

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.** **\$4,960,656.23**
Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Debtor Chicora Life Center, LC Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | \$357,472.66 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$10,000.00 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$975,683.38 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$0.00 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$0.00 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$0.00 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$1,000.00 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$0.00 | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | \$42,000,000.00 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$100.00 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | \$4,960,656.23 | |
| 91. Total. Add lines 80 through 90 for each column | \$6,304,912.27 | \$42,000,000.00 |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | \$48,304,912.27 |

Exhibit A/B-74

| Cause of Action | | Nature of Claim | Amount Requested | Current Value of Debtors Interest |
|-----------------|--|--|------------------|-----------------------------------|
| 7.1 | CNA | Equipment Failure Insurance Claim. Chillers Failing | TBD | TBD |
| 7.2 | SCE&G | Failure to Consider adjustment of Bill under SC Public Service Commission Rule 103-340 | TBD | TBD |
| 7.3 | UC Funds | Defeasance of the lending documents and loans for oppressive and predatory lending practices, Racketeering activities including misrepresentation in the inducement, unfair trade practices, misrepresentations and breach of fidelity duties owed to borrower leading to damages. | TBD | TBD |
| 7.4 | Charleston County | Breach of Lease. Bad faith | TBD | TBD |
| 7.5 | Anything Electrical | Assigned by Tradesman International - Paid but Did not pay their subs | TBD | TBD |
| 7.6 | Lee and Associates | Disputed Agent Fee. 179 Escrowed to remove lien | 179,000.00 | 179,000.00 |
| 7.7 | Chicora VS Fetter | Breach of Lease. Bad faith | TBD | TBD |
| 7.8 | Chicora Vs Charleston Dorcheter Mental Health Clinic | Breach of Lease. Bad faith | TBD | TBD |
| 7.9 | | | | |
| 7.10 | | | | |
| 7.11 | | | | |
| 7.12 | | | | |
| 7.13 | | | | |

Fill in this information to identify the case:

Debtor name Chicora Life Center, LC

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim |
|--|---|---|--|
| 2.1 Antion Financial, LC | Describe debtor's property that is subject to a lien 3600 Rivers Avenue North Charleston, SC 29405 | \$6,918,646.41 | \$42,000,000.00 |
| Creditor's Name 476 Heritage Park Boulevard, #200 Layton, UT 84041 Creditor's mailing address | Describe the lien Second Mortgage Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) | | |
| Creditor's email address, if known bwilde@antioncapital.com | | | |
| Date debt was incurred 12/20/2013 Last 4 digits of account number | | | |
| Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. 1. UCF 1 Trust 1 2. Antion Financial, LC | As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| 2.2 UCF 1 Trust 1 | Describe debtor's property that is subject to a lien 3600 Rivers Avenue North Charleston, SC 29405 | \$14,997,444.16 | \$42,000,000.00 |
| Creditor's Name 745 Boylston Street, #502 Boston, MA 02116 Creditor's mailing address | Describe the lien First Mortgage Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) | | |
| Creditor's email address, if known jpecoy@ucfunds.com | | | |
| Date debt was incurred 8/28/2014 Last 4 digits of account number 0085 | | | |
| Do multiple creditors have an interest in the same property? | As of the petition filing date, the claim is: Check all that apply | | |

Debtor **Chicora Life Center, LC**

Case number (if know) _____

☐ No

☐ Contingent

☒ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Unliquidated

☒ Disputed

Specified on line 2.1

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$21,916,090.
57

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Andrew F. Lampert
Federman Steifman, LLP
350 North Orleans Street, #950
Chicago, IL 60654**

Line 2.2

0085

**Jacob Briggs
Durbano Law Firm
476 Heritage Park Boulevard, #200
Layton, UT 84041**

Line 2.1

**Wm. Howell Morrison
134 Meeting Street, 3rd Floor
Charleston, SC 29401**

Line 2.2

0085

Fill in this information to identify the case:

Debtor name **Chicora Life Center, LC**

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | | Total claim | Priority amount |
|-----|--|---|-------------------|-------------------|
| 2.1 | Priority creditor's name and mailing address Employee 1 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,983.16 | \$1,983.16 |
| 2.2 | Priority creditor's name and mailing address Employee 2 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$289.45 | \$289.45 |

| | | |
|--------|--|------------------------|
| Debtor | Chicora Life Center, LC Name | Case number (if known) |
|--------|--|------------------------|

| | | | | |
|-----|---|--|-----------------|-----------------|
| 2.3 | Priority creditor's name and mailing address Employee 3 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$964.84 | \$964.84 |
|-----|---|--|-----------------|-----------------|

| | |
|--|---|
| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|---|

| | | | | |
|-----|---|--|-------------------|-------------------|
| 2.4 | Priority creditor's name and mailing address Employee 4 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$1,071.32 | \$1,071.32 |
|-----|---|--|-------------------|-------------------|

| | |
|--|---|
| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|---|

| | | | | |
|-----|---|--|-----------------|-----------------|
| 2.5 | Priority creditor's name and mailing address Employee 5 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$289.45 | \$289.45 |
|-----|---|--|-----------------|-----------------|

| | |
|--|---|
| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|---|

| | | | | |
|-----|--|--|-----------------|-----------------|
| 2.6 | Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$303.93 | \$303.93 |
|-----|--|--|-----------------|-----------------|

| | |
|--|--|
| Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Basis for the claim: Federal Unemployment Withholding 1st & 2nd Quarter, 2016 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|

| | | | |
|--------|--|------------------------|--|
| Debtor | Chicora Life Center, LC Name | Case number (if known) | |
|--------|--|------------------------|--|

| | | | |
|-----|---|--|---------------------------------|
| 2.7 | Priority creditor's name and mailing address SC Department of Employment & Workforce BPC Collection Unit PO Box 2644 Columbia, SC 29202 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$208.00 \$208.00 |
|-----|---|--|---------------------------------|

| | |
|--|--|
| Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Basis for the claim: State Unemployment Withholding 2nd Quarter, 2016 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | | Amount of claim |
|-----|--|---|--------------------|
| 3.1 | Nonpriority creditor's name and mailing address ABC/Amega, Inc. Collection Agency 500 Seneca Street, #400 Buffalo, NY 14204-1963 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Collection Agency</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.2 | Nonpriority creditor's name and mailing address Ambassador 2245-C Ashley Crossing Drive, #101 Charleston, SC 29414 Date(s) debt was incurred <u>May 2016</u> Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid window cleaning bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,040.00 |
| 3.3 | Nonpriority creditor's name and mailing address AT&T PO Box 105262 Atlanta, GA 30348-5262 Date(s) debt was incurred _____ Last 4 digits of account number <u>1896</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bills for services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,818.01 |
| 3.4 | Nonpriority creditor's name and mailing address Capital Premium Financing 12235 South 800 East Draper, UT 84020 Date(s) debt was incurred _____ Last 4 digits of account number <u>5154</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Financed insurance premium</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11,555.80 |
| 3.5 | Nonpriority creditor's name and mailing address Charleston Water System PO Box 568 Charleston, SC 29402-0568 Date(s) debt was incurred <u>March-May, 2016</u> Last 4 digits of account number <u>5032</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid water bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,898.06 |

| | | |
|---------------------------------------|--|------------------------------|
| Debtor Chicora Life Center, LC | | Case number (if known) _____ |
| Name _____ | | |

| | | | |
|-------|--|--|--------------------|
| 3.6 | Nonpriority creditor's name and mailing address Federal Express PO Box 7221 Pasadena, CA 91109-7321 Date(s) debt was incurred <u>March 2016</u> Last 4 digits of account number <u>7962</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid account bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$153.34 |
| <hr/> | | | |
| 3.7 | Nonpriority creditor's name and mailing address Gravina 49 Archdale Street, #2E Charleston, SC 29401 Date(s) debt was incurred <u>December 2015</u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid PR firm bills</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,000.00 |
| <hr/> | | | |
| 3.8 | Nonpriority creditor's name and mailing address North Charleston Sewer District PO Box 63009 North Charleston, SC 29419 Date(s) debt was incurred <u>May 2016</u> Last 4 digits of account number <u>3063</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$345.80 |
| <hr/> | | | |
| 3.9 | Nonpriority creditor's name and mailing address Otis Elevator Service PO Box 73579 Chicago, IL 60673-7579 Date(s) debt was incurred <u>December-February 2016</u> Last 4 digits of account number <u>4235</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Elevator repairs and service contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$40,480.48 |
| <hr/> | | | |
| 3.10 | Nonpriority creditor's name and mailing address Sailboat. Peace. LLC c/o Karl David PO Box 22611 Charleston, SC 29413 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,000.00 |
| <hr/> | | | |
| 3.11 | Nonpriority creditor's name and mailing address SCE&G PO Box 100255 Columbia, SC 29202-3255 Date(s) debt was incurred <u>February-May 2016</u> Last 4 digits of account number <u>7457</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid power bills/gas - 5 accounts</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$73,301.10 |
| <hr/> | | | |
| 3.12 | Nonpriority creditor's name and mailing address Simplex-Grinnell 1141 Redmount Road Charleston, SC 29406-3550 Date(s) debt was incurred <u>March 2016</u> Last 4 digits of account number <u>9051</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid bill for services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,207.55 |

Debtor **Chicora Life Center, LC** Case number (if known) _____

Name

3.13 Nonpriority creditor's name and mailing address **SPE Properties**
3600 Rivers Avenue, #2300
North Charleston, SC 29405
Date(s) debt was incurred April 2016
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$5,550.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Unpaid landscaping bill
Is the claim subject to offset? ☒ No ☐ Yes

3.14 Nonpriority creditor's name and mailing address **Travelers**
PO Box 660317
Dallas, TX 75266-0317
Date(s) debt was incurred February 2016
Last 4 digits of account number 3185
As of the petition filing date, the claim is: Check all that apply. **\$1,686.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Unpaid insurance premium
Is the claim subject to offset? ☒ No ☐ Yes

3.15 Nonpriority creditor's name and mailing address **US Hammerhead Construction**
36 Broad Street
Charleston, SC 29401
Date(s) debt was incurred April-May 2016
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$22,130.43**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Unpaid construction bills/water pumping
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

| Total of claim amounts | |
|------------------------|----------------------|
| 5a. | \$ 5,110.15 |
| 5b. + | \$ 169,166.57 |
| 5c. | \$ 174,276.72 |

Fill in this information to identify the case:

Debtor name **Chicora Life Center, LC**

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease with Debtor as Landlord**

State the term remaining **25 years**

List the contract number of any government contract _____

**Charleston County
4045 Bridge View Drive
North Charleston, SC 29405**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease with Debtor as Landlord**

State the term remaining **5 years**

List the contract number of any government contract _____

**Charleston Dorchester Mental Health
2100 Charlie Hall Boulevard
Charleston, SC 29414**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Lease with Debtor as Landlord**

State the term remaining **5 years**

List the contract number of any government contract _____

**Franklin C. Fetter Family Health Center
51 Nassau Street
Charleston, SC 29403**

2.4. State what the contract or lease is for and the nature of the debtor's interest **(14 months prepaid)**

State the term remaining **5 years**

List the contract number of any government contract _____

**SPE Properties, LLC
3600 Rivers Avenue
Suite 2300
North Charleston, SC 29405**

Debtor 1 **Chicora Life Center, LC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Lease with Debtor as Landlord.**

State the term remaining **10 years**

List the contract number of any government contract

**Tri-County Intergroup, Inc.
3600 Rivers Avenue, #2200
North Charleston, SC 29405**

Fill in this information to identify the case:

Debtor name Chicora Life Center, LC

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

| Name | Mailing Address | Name | Check all schedules that apply: |
|-----------|--|-------|--|
| 2.1 _____ | Street _____ _____ City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.2 _____ | Street _____ _____ City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.3 _____ | Street _____ _____ City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.4 _____ | Street _____ _____ City _____ State _____ Zip Code _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |

Fill in this information to identify the case:

Debtor name Chicora Life Center, LC

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2016 to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$730,062.90

For prior year:
From 1/01/2015 to 12/31/2015

☒ Operating a business
☐ Other _____

\$24,083.04

For year before that:
From 1/01/2014 to 12/31/2014

☒ Operating a business
☐ Other _____

\$18,500.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Chicora Life Center, LC**

| Creditor's Name and Address | Dates | Total amount of value | Reasons for payment or transfer <i>Check all that apply</i> |
|--|--|-----------------------|--|
| 3.1. Capital Premium Financing 12235 South 800 East Draper, UT 84020 | 3/18/2016 4/15/2016 | \$23,111.60 | <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___ |
| 3.2. Antion Financial 476 Heritage Park Blvd., Suite 200 Layton, UT 84041 | 2/12/2016 | \$13,000.00 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Reversed transaction |
| 3.3. K&L Gates, LLP 134 Meeting Street, Ste. 300 Charleston, SC 29401 | 4/22/2016 | \$40,000.00 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___ |
| 3.4. McCarthy Law Firm, LLC 1517 Laurel Street Columbia, SC 29201 | 5/10/2016 - \$15,000 5/16/2015 - \$60,000 | \$75,000.00 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___ |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

| Insider's name and address Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|--|-----------------------|---------------------------------|
| 4.1. SPE Properties 3600 Rivers Avenue, Ste. 2300 Charleston, SC 29401 Insider | 10/05/2015 | \$67,241.00 | Services |
| 4.2. Double D Construction, LC 3600 Rivers Avenue, Ste. 2300 Charleston, SC 29401 Affiliate | May 2015-Dec 2015 | \$1,935,943.66 | Services - Construction |

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|-----------------------------|--------------------------|------|-------------------|
|-----------------------------|--------------------------|------|-------------------|

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account

Debtor **Chicora Life Center, LC**

of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|---|---|-----------------------|-------------|
| UCF1 Trust 1 745 Boylston Street, #502 Boston, MA 02116 | Refused to disburse funds Requested for maintenance of building (insurance/payroll/utilities) Last 4 digits of account number: <u>0085</u> | 3/11/2016 | \$20,000.00 |

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

| | Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|------|--|--------------------|---|---|
| 7.1. | Lee & Associates vs. Chicora, et al. 2014-CP-10-7481 | | Court of Common Pleas Ninth Judicial Circuit 100 Broad Street, #106 Charleston, SC 29401 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| 7.2. | Matthew Richard Moore vs. Blackburn, et. al. 2015-CP-10-3585 | | Court of Common Pleas Ninth Judicial Circuit 100 Broad Street, #106 Charleston, SC 29401 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| 7.3. | John Singletary vs. Chicora Gardens Holdings, et. al 1:15-CV-04463 | | US District Court, District of Charleston 85 Broad Street Charleston, SC 29401 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| 7.4. | Chicora Life Center, LC vs. Fetter Health Care Network, Inc., et. al. 2016-CP-10-2380 | Breach of Contract | Charleston County Court of Common Pleas 100 Broad Street, Ste. 106 Charleston, SC 29401 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| 7.5. | UCF1 Trust 1 vs. Chicora Life Center, LC, et. al. 2016-CP-10-1434 | Foreclosure | Charleston County Court of Common Pleas 100 Broad Street, Ste. 106 Charleston, SC 29401 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Debtor **Chicora Life Center, LC**

Case number (if known) _____

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------|---|-------------|-------|
|------------------------------|---|-------------|-------|

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small> | Dates of loss | Value of property lost |
|--|--|---------------|------------------------|
|--|--|---------------|------------------------|

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

| Who was paid or who received the transfer? Address | If not money, describe any property transferred | Dates | Total amount or value |
|---|---|--|-----------------------|
| 11.1. K and L Gates, LLP 134 Meeting Street, #200 Charleston, SC 29401 | | 4/22/2016 | \$40,000.00 |
| Email or website address richard.favier@klgates.com | | | |
| Who made the payment, if not debtor? | | | |
| 11.2. McCarthy Law Firm, LLC 1517 Laurel Street Columbia, SC 29201 | | 5/10/2016 - \$15,000 5/16/2016 - \$60,000 | \$75,000.00 |
| Email or website address bmccarthy@mccarthy-lawfirm.com | | | |
| Who made the payment, if not debtor? | | | |

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

Debtor **Chicora Life Center, LC**

Case number (if known) _____

☐ None.Who received transfer?
AddressDescription of property transferred or
payments received or debts paid in exchangeDate transfer
was madeTotal amount or
value**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☐ Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ NoneFinancial Institution name and
AddressLast 4 digits of
account numberType of account or
instrumentDate account was
closed, sold,
moved, or
transferredLast balance
before closing or
transfer**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **Chicora Life Center, LC**☒ None

| Depository institution name and address | Names of anyone with access to it Address | Description of the contents | Do you still have it? |
|---|--|-----------------------------|-----------------------|
|---|--|-----------------------------|-----------------------|

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Do you still have it? |
|---------------------------|-----------------------------------|-----------------------------|-----------------------|
|---------------------------|-----------------------------------|-----------------------------|-----------------------|

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

| Owner's name and address | Location of the property | Describe the property | Value |
|---|--|---|-------------|
| Double D Construction, LC 3600 Rivers Avenue North Charleston, SC 29405 | 3600 Rivers Avenue Ground Floor North Charleston, SC 29405 | Water source heat pumps and controllers, miscellaneous tools and equipment. | \$51,000.00 |
| Owner's name and address | Location of the property | Describe the property | Value |
| SPE Properties 3600 Rivers Avenue, Ste. 2300 Charleston, SC 29401 | By Loading Dock | Shipping container of tools | \$50,000.00 |

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☒ No.☐ Yes. Provide details below.

| Case title Case number | Court or agency name and address | Nature of the case | Status of case |
|---------------------------|----------------------------------|--------------------|----------------|
|---------------------------|----------------------------------|--------------------|----------------|

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☒ No.☐ Yes. Provide details below.

Debtor **Chicora Life Center, LC**

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service
From-To

26a.1. **Brent Wilde**
476 Heritage Park Boulevard, #200
Layton, UT 84041

9/2014 - Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address

Date of service
From-To

26b.1. **Eide Bailly, LLP**
5929 Fushion Point Drive, #300
Ogden, UT 84403-4684

1/01/2015 - 2/2016
2015 tax prep

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Name and address

If any books of account and records are
unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☐ None

Name and address

26d.1. **UCF 1 Trust 1**
745 Boylston Street, #502
Boston, MA 02116

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor **Chicora Life Center, LC**

Case number (if known) _____

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

| Name of the person who supervised the taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
|---|-------------------|--|
|---|-------------------|--|

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|--------------------------|---|-------------------------------------|-----------------------|
| Chicora Gardens Holdings | 476 Heritage Park Boulevard, #200 Layton, UT 84041 | Manager | 100% |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
- ☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
- ☒ Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|---|--|------------|--------------------------------|
| 30.1 Jeremy Blackburn SPE Properties 2852 River Vista Way Mount Pleasant, SC 29466 | \$67,241 | 10/05/2015 | Lease Commission |
| Relationship to debtor Property Manager/Agent | | | |

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No
- ☒ Yes. Identify below.

| Name of the parent corporation | Employer Identification number of the parent corporation |
|--------------------------------|--|
| Chicora Gardens Holdings, LLC | EIN: 46-1544807 |

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

| Name of the parent corporation | Employer Identification number of the parent corporation |
|--------------------------------|--|
|--------------------------------|--|

Debtor **Chicora Life Center, LC**

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 16, 2016**

/s/ Jeremy K. Blackburn

Signature of individual signing on behalf of the debtor

Jeremy K. Blackburn

Printed name

Position or relationship to debtor **Property Manager**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

United States Bankruptcy Court
District of South Carolina

In re **Chicora Life Center, LC**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|---|----|------------------|
| For legal services, I have agreed to accept | \$ | 75,000.00 |
| Prior to the filing of this statement I have received | \$ | 75,000.00 |
| Balance Due | \$ | 0.00 |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. [Other provisions as needed]

Above is retainer only. Fees billed hourly as outlined in Application to Employ to be filed at a future date.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

None.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 16, 2016

Date

/s/ G. William McCarthy Jr.

G. William McCarthy Jr. 2762

Signature of Attorney

McCarthy Law Firm, LLC

P. O. Box 11332

Columbia, SC 29211-1332

803-771-8836 Fax: 803-753-6960

Name of law firm

**United States Bankruptcy Court
District of South Carolina**

In re **Chicora Life Center, LC**

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

| Name and last known address or place of business of holder | Security Class | Number of Securities | Kind of Interest |
|---|----------------|----------------------|------------------|
| Chicora Gardens Holdings, LLC 476 Heritage Park Boulevard, #200 Layton, UT 84041 | Member | | 100% |

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Property Manager** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **May 16, 2016**

Signature **/s/ Jeremy K. Blackburn**
Jeremy K. Blackburn

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
District of South Carolina

In re **Chicora Life Center, LC**

Debtor(s)

Case No.

Chapter

11

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ **752,345.99**

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income \$ **0.00**

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor) \$ **5,500.00**

4. Payroll Taxes **2,000.00**

5. Unemployment Taxes **100.00**

6. Worker's Compensation **300.00**

7. Other Taxes **0.00**

8. Inventory Purchases (Including raw materials) **0.00**

9. Purchase of Feed/Fertilizer/Seed/Spray **0.00**

10. Rent (Other than debtor's principal residence) **0.00**

11. Utilities **19,500.00**

12. Office Expenses and Supplies **500.00**

13. Repairs and Maintenance **3,000.00**

14. Vehicle Expenses **0.00**

15. Travel and Entertainment **0.00**

16. Equipment Rental and Leases **300.00**

17. Legal/Accounting/Other Professional Fees **5,000.00**

18. Insurance **5,000.00**

19. Employee Benefits (e.g., pension, medical, etc.) **0.00**

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION

UC Funds

Antion Financial

TOTAL

136,000.00

90,000.00

21. Other (Specify):

DESCRIPTION

TOTAL

22. Total Monthly Expenses (Add items 3-21)

\$ **267,200.00**

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2)

\$ **-267,200.00**

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court
District of South Carolina

In re Chicora Life Center, LC

Debtor(s)

Case No.

Chapter

11

CERTIFICATION VERIFYING CREDITOR MATRIX

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via:

- (a) _____ computer diskette
- (b) _____ scannable hard copy
(number of sheets submitted _____)
- (c) X electronic version filed via CM/ECF

Date: May 16, 2016

/s/ Jeremy K. Blackburn

Jeremy K. Blackburn/Property Manager
Signer/Title

Date: May 16, 2016

/s/ G. William McCarthy Jr.

Signature of Attorney
G. William McCarthy Jr. 2762
McCarthy Law Firm, LLC
P. O. Box 11332
Columbia, SC 29211-1332
803-771-8836 Fax: 803-753-6960

Typed/Printed Name/Address/Telephone

2762

District Court I.D. Number

ABC/AMEGA, INC.
COLLECTION AGENCY
500 SENECA STREET, #400
BUFFALO NY 14204-1963

AMBASSADOR
2245-C ASHLEY CROSSING DRIVE, #101
CHARLESTON SC 29414

ANDREW F. LAMPERT
FEDERMAN STEIFMAN, LLP
350 NORTH ORLEANS STREET, #950
CHICAGO IL 60654

ANTION FINANCIAL, LC
476 HERITAGE PARK BOULEVARD, #200
LAYTON UT 84041

AT&T
PO BOX 105262
ATLANTA GA 30348-5262

CAPITAL PREMIUM FINANCING
12235 SOUTH 800 EAST
DRAPER UT 84020

CHARLESTON COUNTY
4045 BRIDGE VIEW DRIVE
NORTH CHARLESTON SC 29405

CHARLESTON DORCHESTER MENTAL HEALTH
2100 CHARLIE HALL BOULEVARD
CHARLESTON SC 29414

CHARLESTON WATER SYSTEM
PO BOX 568
CHARLESTON SC 29402-0568

CHICORA GARDENS HOLDINGS, LLC
476 HERITAGE PARK BOULEVARD, #200
LAYTON UT 84041

ERIC FRANKLIN
1215 WINCHESTER DRIVE
CHARLESTON SC 29407

FEDERAL EXPRESS
PO BOX 7221
PASADENA CA 91109-7321

FRANKLIN C. FETTER FAMILY HEALTH CENTER
51 NASSAU STREET
CHARLESTON SC 29403

GEORGE ELLISON
1664 BOONEHALL ROAD
NORTH CHARLESTON SC 29405

GRAVINA
49 ARCHDALE STREET, #2E
CHARLESTON SC 29401

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATION
PO BOX 7346
PHILADELPHIA PA 19101-7346

JACOB BRIGGS
DURBANO LAW FIRM
476 HERITAGE PARK BOULEVARD, #200
LAYTON UT 84041

JAMES BIGG
1215 WINCHESTER DRIVE
CHARLESTON SC 29407

KEITH PICKNEY
7656 BRANDYWINE ROAD
NORTH CHARLESTON SC 29420

LEE AND ASSOCIATES
CARL E. PRICE, II
321 EAST BAY STREET
CHARLESTON SC 29401

MATTHEW RICHARD MOORE
13 RIVERDALE DRIVE
CHARLESTON SC 29407

NORTH CHARLESTON SEWER DISTRICT
PO BOX 63009
NORTH CHARLESTON SC 29419

OTIS ELEVATOR SERVICE
PO BOX 73579
CHICAGO IL 60673-7579

ROBERT SIMMONS
6987 RUSSELL ROAD
WADMALAW ISLAND SC 29487

SAILBOAT. PEACE. LLC
C/O KARL DAVID
PO BOX 22611
CHARLESTON SC 29413

SC DEPARTMENT OF EMPLOYMENT & WORKFORCE
BPC COLLECTION UNIT
PO BOX 2644
COLUMBIA SC 29202

SC DEPT OF REVENUE & TAXATION
PO BOX 12265
COLUMBIA SC 29211-9979

SCE&G
PO BOX 100255
COLUMBIA SC 29202-3255

SIMPLEX-GRINNELL
1141 REDMOUNT ROAD
CHARLESTON SC 29406-3550

SPE PROPERTIES
3600 RIVERS AVENUE, #2300
NORTH CHARLESTON SC 29405

SPE PROPERTIES, LLC
3600 RIVERS AVENUE
SUITE 2300
NORTH CHARLESTON SC 29405

TRAVELERS
PO BOX 660317
DALLAS TX 75266-0317

TRI-COUNTY INTERGROUP, INC.
3600 RIVERS AVENUE, #2200
NORTH CHARLESTON SC 29405

U.S. SECURITIES AND EXCHANGE COMM
OFFICE OF REORGANIZATION
950 EAST PACES FERRY ROAD
SUITE 900
ATLANTA GA 30326-1382

UCF 1 TRUST 1
745 BOYLSTON STREET, #502
BOSTON MA 02116

US HAMMERHEAD CONSTRUCTION
36 BROAD STREET
CHARLESTON SC 29401

WM. HOWELL MORRISON
134 MEETING STREET, 3RD FLOOR
CHARLESTON SC 29401

**United States Bankruptcy Court
District of South Carolina**

In re **Chicora Life Center, LC**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Chicora Life Center, LC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

May 16, 2016

Date

/s/ G. William McCarthy Jr.

G. William McCarthy Jr. 2762

Signature of Attorney or Litigant

Counsel for **Chicora Life Center, LC**

McCarthy Law Firm, LLC

P. O. Box 11332

Columbia, SC 29211-1332

803-771-8836 Fax:803-753-6960